

| [NODIS Library](#) | [Organization and Administration\(1000s\)](#) | [Search](#) |



NASA Procedural Requirements

COMPLIANCE IS MANDATORY

NPR 1800.1C

Effective Date:
October 06, 2009

Expiration Date:
October 06, 2014

[Printable Format \(PDF\)](#)

Request Notification of Change

(NASA Only)

Subject: NASA Occupational Health Program Procedures w/Change 1 (12/31/2009)

Responsible Office: Office of the Chief Health & Medical Officer

| [TOC](#) | [ChangeLog](#) | [Preface](#) | [Chapter1](#) | [Chapter2](#) | [Chapter3](#) | [Chapter4](#) |
[Chapter5](#) | [Chapter6](#) | [Chapter7](#) | [AppendixA](#) | [AppendixB](#) | [AppendixC](#) |
[AppendixD](#) | [AppendixE](#) | [AppendixF](#) | [ALL](#) |

Chapter 3. Primary Prevention and Health Promotion

3.1 Primary Prevention and Health Promotion

3.1.1 Policy

3.1.1.1 It is the policy of NASA Occupational Health (OH) to promote a healthful work environment with commitment to the health and productivity of its workforce founded on a programmatic approach that is designed to increase awareness through education, foster lifestyle and behavioral modification, and create a supportive work environment.

3.1.2 Responsibilities

3.1.2.1 The Chief Health and Medical Officer (CHMO) shall establish policy requirements for primary prevention programs.

3.1.2.2 The Director of Occupational Health (DOH) shall develop a primary preventive strategy for the Agency and ensure implementation through the regular, periodic audit process.

3.1.2.3 The Center OH Contracting Officer Technical Representative (COTR) shall support the implementation of the annual health promotion plan.

3.1.2.4 The Center Medical Director or designees shall implement the annual health promotion plan.

3.1.2.5 The COTR and Medical Director shall designate a representative to serve on the

Agency Primary Prevention and Health Promotion Team.

3.1.3 Process Description

3.1.3.1 The CHMO shall provide direction and guidance towards standardization of majority of health promotion and wellness activities across the Agency based on the following measures:

- a. Establish an Agency-wide Primary Prevention and Health Promotion Team composed of center representatives with the charter to standardize health education programs.
- b. Chair periodic Video Teleconferencing System (ViTS) meetings with the team for the purpose of educational presentations on emerging issues, discussion of new and innovative ideas, development of relevant policies and procedures, and evaluation of the existing programs and campaigns;
- c. Identify and coordinate particular campaigns and initiatives for Agency-wide dissemination;
- d. Develop a section or sections on the NASA OH Web site as an informational portal for health resources;
- e. Ensure availability of printed health education material in support of identified campaigns and initiatives;
- f. Support all health-related discipline specific efforts with printed health education material and periodic focused efforts;
- g. Collaborate with leading health resource organizations and other community and national organizations, as appropriate; and
- h. Identify evaluation strategies to assess the effectiveness of the health education programs.

3.1.3.2 The Center OH COTR shall support the implementation of the Agency primary prevention plan and associated activities at their respective Center.

3.1.3.3 The Center Medical Director or designee shall assess the feasibility of creating a Center specific primary prevention and health promotion team to address issues in a collaborative and systematic manner in order to:

- a. Ensure that the Center's health promotion plan is relevant to their population, the Center shall complete an annual health promotion needs assessment, and
- b. To evaluate the impact of the overall primary prevention and health promotion program. Both short- and long-term goals should be established in the planning stages.

3.1.3.4 The Center Medical Director or designee shall gather program evaluation data and report to Office of the Chief Health and Medical Officer (OCHMO) annually upon request.

3.2 Primary Prevention

3.2.1 Introduction

3.2.1.1 Primary prevention services are the foundation of NASA OH. These services shall encompass both health promotion and health protection directed toward enhancing

employee well-being and moving toward a state of optimal health, as well as reducing health risks. Health promotion efforts are designed to increase health knowledge and support employee behavior change related to health and safety practices in the workplace and at home. Health protection measures are designed to eliminate or reduce the risk of disease in order to prevent the development of an illness or injury.

3.2.2 Responsibilities

3.2.2.1 The CHMO shall provide guidance and policy for the Agency primary prevention program.

3.2.2.2 The DOH shall assess and review primary prevention and health promotion programs through a regular periodic audit process.

3.2.2.3 The OH COTR shall advocate for adequate resources in support of primary prevention programs.

3.2.2.4 The Center Medical Director shall ensure primary prevention services are planned, implemented, and evaluated.

3.2.3 Process Description

3.2.3.1 The Center Director shall ensure the planning and implementation of worksite primary prevention programs, services, and policies designed to enhance employee well-being and optimal health, as well as to reduce health risks.

3.2.3.2 The Centers shall offer primary prevention/health promotion programs, such as nutrition, fitness, exercise, and health motivation, and targeted disease prevention programs, such as injury prevention, health risk assessment, smoking cessation, weight control, stress management, and seat belt use.

3.2.3.3 The Centers shall evaluate the effectiveness of overall primary prevention program efforts.

3.3 Fitness Centers

3.3.1 Policy

3.3.1.1 NASA Centers shall establish and maintain on-site Fitness Centers to encourage employee physical activity. Federal agencies are authorized to offer employee health services "to promote and maintain physical and mental fitness and to help prevent illness and disease," including health services and intervention programs such as exercise and weight control. Fitness programs encompass activities such as organized walking events, aerobic exercise classes, weight lifting instruction, stretching classes, fun runs, lectures on safe participation, and fitness assessments.

3.3.1.2 The OH Program Fitness Center Policy shall be based on Office of Personnel Management's (OPM) authority and incorporates industry standards (as recommended by OPM) provided by the American College of Sports Medicine (ACSM) for staffing, facility design, equipment selection and maintenance, and safety. The latest edition of ACSM standards shall be used for reference when developing and implementing a Center Fitness Program.

3.3.1.3 The Centers shall use the latest version of The U.S. Department of Health and Human Services Physical Activity Guidelines with the idea that "regular physical activity

over months and years can produce long-term health benefits." The guidelines are useful in developing a Center Fitness Program.

3.3.2 Fitness Center Features

3.3.2.1 An on-site Fitness Center shall, at a minimum, consist of: separate male and female shower facilities and locker rooms; an exercise room for stretching and classes; a designated walking/jogging trail; and a variety of indoor exercise equipment such as treadmills, stair climbers, strength training machines, and free weights. Fitness Center equipment shall be of commercial quality and stand up well to wear and tear and heavy use.

3.3.2.2 Message or bulletin boards shall be used for communication and posting of relevant information about the Fitness Center or items of particular interest to Fitness Center users.

3.3.2.3 Interior physical activity areas shall have a working clock, a chart of target heart rates, and a chart depicting ratings of perceived exertion to enable users to monitor their activity.

3.3.2.4 A first-aid kit containing bandages, gloves, and a pocket mask shall be maintained and available to the Fitness Center staff for emergency use.

3.3.2.5 An Automatic External Defibrillator (AED) shall be readily available in or near the Fitness Center.

3.3.2.6 A hard-wired system with a large visible emergency button shall be available to call medical, first aid, and security. The emergency system shall include a prominently displayed sign as to its location and additional instructions. If the emergency system is inoperable or only partly functional, a sign(s) shall be posted at the Fitness Center to notify users of the status and the alternative methods to be used to summon emergency assistance. At a minimum, a sign shall be posted with this information immediately next to any device that is not fully functional. Any emergency system that is not fully functional shall be corrected as soon as possible.

3.3.2.7 OPM regulations allow for Federal agencies that do not maintain an on-site Fitness Center to authorize payment for employee use of an external Fitness Center. An external Fitness Center, the use of which is paid for by NASA, shall contain the same or comparable program components as required for a NASA Fitness Center, feature the same or comparable equipment, and utilize the same or comparable equipment maintenance standards.

3.3.3 Fitness Center Program Components

3.3.3.1 Center Fitness Programs shall be written, maintained on-site, and periodically revised when conditions warrant. The program shall, at a minimum, include the following:

- a. A statement of goals and objectives;
- b. Safe, appropriate, legal, and ethical program requirements;
- c. A description or list of qualified personnel to run the Fitness Center and a list of their credentials;
- d. Periodic surveys of employee health needs and interests;

- e. Identification of other resources, entities, agencies that are part of the program;
- f. Integration of and coordination with other Agency functions or related programs (e.g., Medical, Safety, Employee Assistance);
- g. The strategies used to communicate with potential and current Fitness Center users;
- h. The method employed for Fitness Center operation;
- i. A list and description of equipment at the Fitness Center;
- j. User screening and orientation procedures;
- k. Equipment repair logs;
- l. Emergency response procedures; and
- m. An evaluation process to be used to help in revising and improving the Fitness Center.

3.3.3.2 Fitness and health-care professionals employed at a Fitness Center who interact with Fitness Center users on a regular basis shall possess the necessary competencies for fulfilling their roles and responsibilities, normally involving a combination of education, training, certification, and hands-on experience. The fitness and health-care professionals who serve in counseling, instructional, and physical activity supervision roles for the facility shall have an appropriate level of related professional education, work experience, and/or certification.

3.3.4 Fitness Center Equipment Maintenance

3.3.4.1 Fitness Center equipment shall be maintained routinely to reduce the number of repairs and extend the life of the machinery. A visual inspection shall be conducted by fitness facility staff at least weekly to identify any broken or unsafe equipment. Broken or unsafe equipment shall be removed or prominently tagged to prevent client use. Preventive maintenance programs for fitness equipment shall include documentation describing the work performed, the date the work was performed, and the name of the individual or entity that performed the work. Records shall be kept in a log and made part of the Fitness Center's written program.

3.3.4.2 Clean towels, anti-bacterial cleaning solution, or other similar supplies shall be available to users to wipe off equipment. Users shall be encouraged to wash hands before and after workouts with soap and water or hand sanitizer and to keep skin lesions covered with a clean dry dressing.

3.3.4.3 Non-slip floors shall be the standard for all shower and locker room facilities. Floors in the showers and locker rooms shall be cleaned periodically.

3.3.4.4 Sinks, toilets, and urinals shall be cleaned and disinfected periodically.

3.3.4.5 Ventilation grills and vents in all areas of the Fitness Center shall be cleaned in accordance with Center practice.

3.3.4.6 Carpeted floors shall be vacuumed, and wooden, rubberized, and other hard floors shall be swept or dry mopped in accordance with Center policy.

3.3.4.7 Fitness Centers with saunas, steam rooms, or whirlpools shall ensure that the

areas are maintained and that warning systems to notify users of any unacceptable risk and changes in temperature exist and are in working order.

3.3.5 Responsibilities

3.3.5.1 Fitness Center personnel shall include a Fitness Center Manager/Fitness Director, Federal Civil Servant COTR, Fitness Professional, or a combination thereof.

3.3.5.2 Fitness Center personnel involved in management or delivery of exercise programs to users shall be responsible for their own professional training and having the required experience as prescribed by the ACSM to ensure that users are provided with safe, effective programs and services. All personnel responsible for daily operation of the Fitness Center shall at a minimum possess and maintain Cardiopulmonary Resuscitation /Basic Life Support certification and are trained in the Bloodborne Pathogen standard.

3.3.5.3 The Fitness Center Manager or COTR shall be responsible for the overall management of the Fitness Center. The Manager or COTR shall also be responsible for fitness environment safety, emergency procedures, and ensuring that facility users and staff have received a health screening.

3.3.5.4 The Fitness Director shall possess a degree in exercise science or other health-related field with at least one year of supervisory experience in the fitness industry and shall be responsible for the Center Fitness Program design, for ensuring training is conducted, and staff supervision and accreditation. The Fitness Director shall manage exercise and activity programs. The Fitness Director shall be professionally certified at an advanced level by a nationally recognized health or fitness organization comparable to the ACSM health fitness instructor certification.

3.3.5.5 The Fitness Professional shall have a degree in exercise science or other health/fitness-related field. A professional certification from a nationally recognized health/fitness organization (comparable to ACSM exercise leader certification) is preferred. The Fitness Professional shall provide instruction to clients in safe and healthful exercise skills.

3.3.5.6 Fitness Centers that provide services in allied health fields such as nutrition or physical therapy shall employ providers who are duly certified, licensed, or registered within their state as required by law.

3.3.6 Process Description

3.3.6.1 Fitness Centers shall conduct a screening of new users to identify those at risk for a cardiovascular incident while exercising. At a minimum, new user screenings shall be conducted using such tools as the Physical Activity Readiness Questionnaire (PAR-Q) or the health screening questionnaire developed by the Wisconsin Affiliate of the American Health Association. The PAR-Q is the minimum acceptable tool for Fitness Center screening of new users. In addition to requiring a user's completion of the PAR-Q questionnaire (or implementing another equivalent or more stringent screening process), blood pressure shall also be evaluated. If any results suggest a potential medical problem, the user shall be referred to either the Center OH Clinic or their Private Medical Doctor. For any user that is referred to a Center OH Clinic or their PMD, a written medical clearance shall be required prior to their use of the Fitness Center. All Fitness Center users shall be re-screened at least every three years (Appendix C, Physical Exam Matrix, and "Fitness Center Clearance"). The results of the periodic

clearance process information shall be kept on file at the Fitness Center and readily identifiable with the user according to the rules for Personally Identifiable Information (PII). All documentation containing medical information about users shall be maintained in a secure and locked file.

3.3.6.2 A Fitness Center orientation shall be provided to each new user, including emergency procedures, a discussion of Fitness Center rules and regulations, and detailed instructions on how to safely use the Center and equipment.

3.3.6.3 A mechanism for user comments and feedback shall be implemented (e.g., annual survey for continued quality improvement).

3.3.6.4 A method shall be implemented and enforced to identify (badge, keyed lock) users who have been screened and eligible to use the facility. Users shall sign in manually or electronically each time they use the Fitness Center. Ideally, sign-in procedures are accomplished through a computerized system in which statistical information can be extracted to monitor Fitness Center use.

3.3.6.5 The Fitness Center hours of operation shall meet the majority of users' needs and work schedules. Supervisors shall encourage and support employee use of the Fitness Center and health promotion activities.

3.3.6.6 For safety reasons, using the "Buddy System" at unmanned Fitness Centers shall be discouraged.

3.3.6.7 In an emergency, a Fitness Center staff member shall remain with the client at all times during a medical emergency until assistance has arrived. A physician, registered nurse, or emergency medical technician trained in advanced cardiac life support shall be the medical liaison responsible for critiquing emergency drills and reviewing the Fitness Center medical emergency plans and incident reports.

3.3.6.8 Fitness Center staff AED training shall be conducted as soon as possible after hiring. Training renewal shall be completed by responders based on Federal and state requirements, usually every two years.

3.3.6.9 The Federal Employees Compensation Act (FECA), as amended, 5 U.S.C. S8101 et seq., provides for the payment of workers' compensation benefits to Federal employees sustaining injuries while in the performance of their duties. The Department of Labor has established guidelines defining the scope of FECA's coverage for employees injured while engaging in physical fitness activities. The FECA shall be consulted for additional details regarding the applicability of Federal employee compensation benefits in the case of an employee injury at a Center Fitness Center.

3.4 Nutrition

3.4.1 Policy

3.4.1.1 NASA's workplace nutrition program shall increase awareness through education and create a work environment supportive of preventable health practices.

3.4.2 Responsibilities

3.4.2.1 The CHMO shall provide policy guidance for promoting nutrition at NASA Centers.

3.4.2.2 The DOH shall provide technical support and consultation on food services statement of work (SOW).

3.4.2.3 The OH COTR shall support the implementation of the Agency-wide health promotion plan and all related activities.

3.4.2.4 The Center Medical Directors shall implement nutritional awareness and education programs, advocating for a workplace environment supportive of good nutritional practices and collaborating with the food service vendor and the respective COTR.

3.4.2.5 As appropriate, the Center specific health promotion team shall be included in the development of the nutrition promotion agenda utilizing the Nutrition Technical Bulletin as a point of reference.

3.4.3 Process Description

3.4.3.1 The CHMO shall provide guidance and support to the Centers for overall planning and implementation.

3.4.3.2 The OH COTR shall review and comment on the Center's overall nutrition education agenda. The COTR shall ensure collaboration between the Clinic Medical Director or designees and the food service vendor and their respective COTR.

3.4.3.3 The Center Medical Director or designee shall develop nutrition awareness activities that:

- a. Address the impact of food and supplements on disease management and prevention;
- b. Provide consultation services to the food service vendor; and
- c. Develop a set of metrics for program evaluation.

3.5 Solar Safe Program

3.5.1 Policy

3.5.1.1 Since the majority of the NASA Centers are located in the Sunbelt, the NASA workforce is potentially at risk for developing some forms of skin cancer. All NASA Centers shall follow the principles of Solar Safe.

NOTE: The agenda for the Solar Safe Program is found on the Occupational Health Program Web site at www.oph.nasa.gov.

3.5.2 Responsibilities

3.5.2.1 The CHMO shall provide policy guidance and technical support for implementation of the Solar Safe program at NASA Centers.

3.5.2.2 The Center OH COTR shall ensure that Center operations are conducive to the implementation of such programs and related disciplines such as medical and industrial hygiene are acting in concert to achieve maximum benefit.

3.5.2.3 The Center Medical Director shall implement the Solar Safe program. All NASA Centers must provide skin cancer screening as part of their medical services and provide ongoing activities to increase awareness through education.

3.5.2.4 The Center-specific health promotion team shall participate in the development and assessment of the Solar Safe program.

3.5.2.5 The Center Medical Director designees shall provide the CHMO with a periodic assessment of their progress and program outcome.

3.5.3 Process Description

3.5.3.1 The CHMO shall provide policy guidance and support for overall planning, oversight, and evaluation.

3.5.3.2 The Center OH COTR shall review and comment on the Center's Solar Safe program components. The COTR shall ensure collaboration between the disciplines, especially if more than one contractor is involved. When warranted, the COTR shall advocate for a work environment conducive to the success of the program.

3.5.3.3 The Center Medical Director or designee shall develop a broad plan of action to address sun safety, especially if the workforce is involved in outdoor activities in relation to job duties.

3.5.3.4 The Center Medical Director or designee shall work in partnership with related disciplines such as industrial hygiene, the employers, the supervisors, and union representatives to:

- a. Build a sustainable and comprehensive program that addresses behavior modification through education and communication of relevant health information;
- b. Coordinate partnerships with local specialists, agencies or non-for-profit societies such as the America Cancer Society (ACS) to offer skin cancer screening as a component of, or independent of, a periodic physical and medical surveillance examinations; and
- c. Advocate for administrative measures such as work schedule changes to reduce the amount and duration of exposure between peak hours and to increase compliance with "covering up" behaviors.

3.6 Smoking Cessation

3.6.1 Policy

3.6.1.1 The implementation of smoking cessation programs shall be instituted across NASA Centers and Facilities.

3.6.1.2 The programs shall identify smokers, assess smokers' interest in quitting, and provide access to intervention programs.

3.6.1.3 NASA Centers shall either implement Center-specific, evidence-based intervention programs or they may collaborate with recognized societies such as the ACS or the American Lung Association.

3.6.2 Responsibilities

3.6.2.1 The CHMO shall provide policy guidance and technical support for implementing smoking cessation programs at NASA Centers.

3.6.2.2 The Center OH COTR shall ensure that Center operations are conducive to

implementation of such programs and that related disciplines such as medical, fitness, EAP, and industrial hygiene (IH) are acting in concert to achieve maximum benefit.

3.6.2.3 The Center Medical Director shall implement a smoking cessation program, advocating for a workplace environment supportive of good health practices and ensuring program metrics are met.

3.6.3 Process Description

3.6.3.1 The CHMO shall provide policy guidance and support to the Centers for overall planning and implementation.

3.6.3.2 The Center OH COTR shall review and comment on the Center's smoking cessation agenda. The COTR shall ensure collaboration between the disciplines, especially if more than one contractor is involved. When warranted, the COTR shall advocate for a work environment conducive to the success of the smoking cessation program.

3.6.3.3 The Center Medical Director or designee shall develop a smoking cessation plan focusing on the following goals:

- a. Preventing tobacco use among the workforce;
- b. Promoting tobacco use cessation;
- c. Eliminating exposure to secondhand smoke; and
- d. Educating about tobacco-related health disparities.

3.6.3.4 The Center Medical Director or designee shall work in partnership with related disciplines such as fitness, EAP, IH, physicians, and nutritionists to accomplish these goals by:

- a. Building a sustainable and comprehensive program that addresses multiple treatment modalities;
- b. Communicating relevant and timely health information; and
- c. Establishing partnership with local agencies or non-for-profit societies such as the American Lung Association.

3.6.3.5 The Center specific health promotion team shall be included in the development and assessment of the smoking cessation program.

3.6.3.6 The Center Medical Director or designee shall provide OCHMO with a periodic assessment of Center progress and program outcome.

3.7 Annual Immunization Program

3.7.1 Policy

3.7.1.1 Immunization practices at NASA Centers shall be based on the latest available recommendations from the U.S. Preventive Services Task Force, Centers for Disease Control and Prevention, and other leading health professional organizations.

3.7.1.2 Since flu immunization provides protection against influenza strains contained in the vaccine through one flu season, yearly immunization shall be offered to all

employees without known contraindications.

3.7.2 Responsibilities

3.7.2.1 The CHMO shall provide policy guidance and technical support for the implementation of the Adult Immunization Program at NASA Centers.

3.7.7.2.1 The DOH shall ensure the effectiveness of Center flu immunization efforts through its regular periodic audit process.

3.7.2.3 The Center OH COTR shall advocate for Center operations and budgetary assignment that are conducive to the implementation of the total immunization program, including the annual influenza immunization program.

3.7.2.4 The Center Medical Director shall implement the annual immunization program.

3.7.3 Process Description

3.7.3.1 The Center OH COTR shall review and comment on the Center's annual influenza immunization program. The COTR shall advocate for the success of the program and provide OCHMO with a periodic assessment as requested.

3.7.3.2 Preventative health activities for all NASA clinics shall include a review of immunization status as part of every clinic visit.

3.7.3.3 Centers shall develop relevant policies and procedures to address immunization services as part of their overall scope of services.

| [TOC](#) | [ChangeLog](#) | [Preface](#) | [Chapter1](#) | [Chapter2](#) | [Chapter3](#) |
| [Chapter4](#) | [Chapter5](#) | [Chapter6](#) | [Chapter7](#) | [AppendixA](#) |
| [AppendixB](#) | [AppendixC](#) | [AppendixD](#) | [AppendixE](#) | [AppendixF](#) | [ALL](#)
|

| [NODIS Library](#) | [Organization and Administration\(1000s\)](#) | [Search](#) |

DISTRIBUTION: **NODIS**

This Document Is Uncontrolled When Printed.

Check the NASA Online Directives Information System (NODIS) Library to Verify that this is the correct version before use: <http://nodis3.gsfc.nasa.gov>
